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CONFIRMATION NO. 9986

<b>SERIAL NUMBER</b> 10/728,560	<b>FILING OR 371(c) DATE</b> 12/05/2003 <b>RULE</b>	<b>CLASS</b> 700	<b>GROUP ART UNIT</b> 2125	<b>ATTORNEY DOCKET NO.</b> BBM-103US
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/335,552 12/31/2002 which claims benefit of 60/344,869 12/31/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 01/21/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> AZ	<b>SHEETS DRAWING</b> 100	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

**ADDRESS**  
 23122

**TITLE**  
 Pharmaceutical compounding systems and methods and information management system for same

<b>FILING FEE RECEIVED</b> 788	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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